

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Case 1:01-cv-00313-TSB

Document 83-4

Filed 09/12/2003

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brenda K Hurston  
1812 Grand Avenue  
Middletown, OH 45044

A. Signature

*Brenda K Hurston*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7001 2510 0008 6347 8835

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835